

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **091646199** | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		1			
4	0		1			
5	0		1			
6	0		1			
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48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			5			
TOTAL CLAIMS			6			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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